

FAMILY CHILD CARE (FCC) RISK ASSESSMENT TOOL REPORT

For use of this form, see AR 608-10; the proponent agency is DCSPER

SEE DA FORM 5761-R FOR PRIVACY ACT STATEMENT

NAME OF PROVIDER	NUMBER OF CHILDREN IN ATTENDANCE	AGES OF CHILDREN
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SPECIAL NOTATIONS (*handicapped child, helpers, etc.*) _____

1. Based on observation and interview questions, do you have any areas of concern about this provider (*e.g, childhood experiences, current support system, child development knowledge*)? Explain

2. Using information from the observation and the interview, summarize the areas in which this provider may demonstrate low risk for potential abuse/high quality care:

3. Using information from the observation and the interview, summarize the areas in which this provider may demonstrate moderate risk for potential abuse/moderate quality care:

4. Using information from the observation and the interview, summarize the areas in which this provider may demonstrate high risk for potential abuse/low quality care:

5. Recommendations for training, consultation or follow-up needed, action to be taken:

6. We recommend:

Full certification _____ and/or the following action:

7. NAME OF OUTREACH WORKER	8. SIGNATURE OF OUTREACH WORKER	9. DATE
10. NAME OF FCC DIRECTOR	11. SIGNATURE OF FCC DIRECTOR	12. DATE
13. NAME OF CDS COORDINATOR	14. SIGNATURE OF CDS COORDINATOR	15. DATE